

| POSITION                  | NAME  | ID NO.   | DATE     |
|---------------------------|-------|----------|----------|
| FEE DETERMINATION         | ELIZA | 05-03-01 |          |
| O.I.P.E. CLASSIFIER       |       |          |          |
| FORMALITY REVIEW          | U     | 0000     | 11-7-01  |
| RESPONSE FORMALITY REVIEW | S     | JC886    | 03-25-02 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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